PT0/SB/30 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4848)				FEB O S ?
Application Number: 10/767.196			Docket Number (Optional): WL-5063	
			Filed: January 30, 2004	
STATE OF THE STATE				
Art Unit. 2185			Examiner: M. Rojas	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		Fee	Small Entit	y Fee
One mo	nth (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>
Two mo	nths (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three m	onths (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four mo	onths (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five mo	nths (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account				
Number 50-1417. I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number 29,621				
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
Name (Print/Type)	Carl I. Brundidge	Registration	No. (Attorney/Agent)	29,621

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) ere required. Submit multiple forms if more than one signature is required, see below.

Date:

February 6, 2006

Telephone Number: 703) 684-1120

_____ forms are submitted.

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a senself by the public whole is to file (and by the USPTO to proceed) an application Conferentially is governed by 55 U.S. C. 122 and 37 CFR 1.41 This collection is assembled to lake 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending some of the law of the complete is form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND TO: Commissioner to the Patients of the Patient

If you need assistance in completing the form, call 1-800-PTO-9199 and select option.

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